2001 UNIFORM BUSINESS REPORT (UBR)										
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EAGLE SET-UP & SERVICES, INC.						THE STATE				
Principal Place of Business Mailing Address					$\dashv$	Ol MOA	15 AH I	0: 33		
16 ALABAMA LN. SAME AUBURNDALE, FL 33823				•		8000C	1 <b>470</b> 0	5 <b>47</b> -0105	'8 7044	9
Principal Place of Business     3. Mailing Address						**	/05/01- ⊯150.00	) ***	*150.0	0
SAME Suite, Apt. #, etc.		SAME Sulte, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State				4. FEI Number 59-32553	350		oplied For ot Applicable	-
Zip Country 33823 POLK		Zip Count		ntry		5. Certificate of Status Desired	п \$	8.75 Add	ditional	1
6. Name and Address of Current Registered Agent				<b></b>		7. Name and Address of New I				1
SPAIN, DAVID				Name						
1611 17TH ST NW WINTER HAVEN, FL 33881				Street Add	lness (P.	O. Box Number is Not Acceptable	») ———	<del></del>		-
				City			FL	Zip Cod	e	-
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.										
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating)  DATE										
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  (See criteria on back)				will be \$550	000	10. Election Campaign Fi			May Be	
11.	OFFICERS AND D		12.			ADDITIONS/CHANGES TO OFF				<u>آ</u> [
NAME STREET ADDRESS CITY-ST-ZIP	SPAIN, DAVID F 1611 17TH ST NW WINTER HAVEN, FL			.	1611 W	MILL STALL VTER HAVOL FO		⊠ Change S-1	☐ Addition	CR2E034 (11/00)
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the processor or trustee sembowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an addless, with all other like emperement.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED MAMOOF SIGNING OFFICER OR DIRECTOR  Date:  D										
		T. S.SIMIG OFFICER OF	. SINEUI			Date	Dayte	ma Phona #		1

## LYNN WILSON & ASSOCIATES, P.A.

Certified Public Accountants

901 Avenue "S" S.E. Winter Haven, FL 33880 Ph. (941) 299-3701 Fax (941) 295-9477

11/8/01

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Division of Corporations Examiner.

Enclosed, please find a copy of the UBR for Eagle Set-up & Services, Inc. for 2001. Please be aware that, upon researching the status of this corporation, it was determined that the Eagle Set-up & Services, Inc. was placed on inactive status for failure to file a UBR for 2001. The President of this corporation respectfully requests that this corporation be re-instated. Further, the President of this corporation respectfully requests that the re-instatement fee be waived due to non-receipt of the annual report.

Accordingly, please find, enclosed, a check for \$150.00. Please note that the President of Eagle Set-up & Services, Inc. has signed below in attestation to the non-receipt of the original report. Thank you for your understanding and consideration in this matter.

Sincerely.

David Spain

Lynn Wilson, CPA

